

**Partnerships in Excellence Program  
Co-Occurring Disorders**

Name of Provider: \_\_\_\_\_

Name of Program \_\_\_\_\_

Based only on the information submitted for the above program, assign a value (1-5) for each of the elements listed below using the following scale:

5 – Excellent; 4- Very Good; 3- Good; 2- Average; 1 – No mention

**Co-Occurring Disorders**

- 1. Access (access into treatment system) and Engagement (on-going process)**

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- 2. Comprehensive Treatment Approach (new treatment modalities, behavioral therapy and counseling, etc.)**

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- 3. Supportive Services (recovery, support groups, education, vocational, employment services, etc.)**

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**Service Uniqueness/Innovation.....**

**TOTAL .....**